

Eye MD Examination Report Form

To: _____, MD/NP Fax _____
 From: _____, MD Fax _____ Phone _____

Report for _____ examined on _____

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Visual Acuity ____R ____L **IOP** ____R ____L

Examination type ____ dilated retinal examination ____ non-dilated retinal examination
 ____ fundus photography ____ 3 view ____ 7 view ____ dilated ____ non-dilated

Retinal examination ICD codes: ____ **NIDDM** (250.50) or ____ **IDDM** (250.51) other _____

Findings:

____ no apparent diabetic retinopathy ____R ____L (362.10/V71.8)
 ____ mild non-proliferative diabetic retinopathy ____R ____L (362.01)
 ____ moderate non-proliferative diabetic retinopathy ____R ____L (362.01)
 ____ severe non-proliferative diabetic retinopathy ____R ____L (362.01)
 ____ proliferative diabetic retinopathy ____R ____L (363.02)
 ____ diabetic macular edema ____R ____L (362.83 / 363.10)

Glaucoma ____ primary open angle (ICD 365.11) ____ normal tension glaucoma (365.12)
 ____ controlled ____R ____L ____ suboptimally controlled ____R ____L

Current medications: ____ non-selective β blocker (e.g. Betagon) ____ Pilocarpine
 ____ bexaxolol (β_1 blocker) ____ Trusopt or Azopt
 ____ Latanoprost (Xalatan) ____ Alphagan
 ____ Other med: _____

____ Glaucoma suspect by appearance of optic nerve or pressure ____R ____L (365.01)
 ____ Narrow angle glaucoma - at risk of angle closure glaucoma ____R ____L (365.02)

Cataracts ____ not interfering with ADLs ____R ____L surgical ____R ____L (366.12)
 ____ SP cataract extraction with / without lens implant ____R ____L (379.31)
 ____ Capsular opacification (SP cataract extraction) ____R ____L (366.53)

Macular degeneration

____ dry / non-exudative ____R ____L (362.51)
 ____ wet / non-exudative ____R ____L (363.52)
 ____ macular scar ____R ____L (363.52)

Posterior Vitreous Detachment ____R ____L (379.21)

Other _____

Treatment during the current visit

____ fluorescein angiography R / L ____ visual field exam R / L ____ YAG capsulotomy R / L
 ____ retinal laser treatment R / L ____ laser iridotomy R / L ____ laser trabeculectomy R / L

Plan of treatment: FU ____ weeks/months **Date:** ____/____/____

Authorization Needed

____ fluorescein angiography R/L ICD ____ CPT 92235 ____ visual field exam R/L ICD ____ CPT 92083
 ____ YAG capsulotomy R/L ICD 366.53 CPT 66821 ____ cataract surgery R/L ICD 366.12 CPT 66984
 ____ laser iridotomy R/L ICD ____ CPT 66761 ____ focal laser R/L Tx CPT 362.02 CPT 67210
 ____ panretinal laser Tx R/L ICD 362.02 CPT 67227 ____ laser trabeculectomy R/L 365.11 CPT 65855
 ____ trabeculectomy R/L 365.11 CPT 66170
 Other _____

Recommend: Attempt to ____ reduce blood pressure ____ reduce HbA1c

_____, MD **Date:** _____